

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33260**
9552

NOV 10 1943
Registration District No. **318**

Primary Registration District No. **1803**

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **36 Hrs.**
(Specify whether
In this community **17 Yrs.**
years, months or days)

3. (a) PRINT

FULL NAME **Wilhelm Kling**

3. (b) If veteran,

name war. **No**

3. (c) Social Security

No. **488-07-0586**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marcella Kling**

6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **January 22, 1900**
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

43 **9** **7** hr. min.

9. Birthplace

(City, town, or county)

Germany

(State or foreign country)

10. Usual occupation

Baker

11. Industry or business

Bakery

MOTHER FATHER

12. Name

Bon Kling

13. Birthplace

(City, town, or county)

Germany

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

Germany

(State or foreign country)

16. (a) Informant

Mrs. Marcella Kling

(b) Address

7027 Paisley Drive

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof **Nov. 1, 1943.**
(Month) (Day) (Year)

(c) Place: burial or cremation

Mount Lebanon Cemetery

18. (a) Signature of funeral director

Calvin F. Reutz Funeral Home

(b) Address

4828 Natural Bridge Blvd.

19. (a)

OCT 31 1943
(Date received local registrar)

(b) **J. L. Brubaker**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Jennings**
(If outside city or town limits, write "RURAL")
(d) Street No. **7027 Paisley Drive**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29th**
year **1943** hour **7:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **10-28-1943** to **10-29-1943**
that I last saw him alive on **10-29-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumococcus Meningitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed **11/3/43**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John M. Mearns

Licensed Embalmer No.....

4186

P. O. Address.....

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.